Г									1.09	17	674	42	
PATENT APPLICATION FEE DETERMINATION RECO							)Br	, [	Applicati	on or I	Docket Nu	mber	
_			09/767442										
CLAIMS AS FILED - PART! (Column 1) (Column 2)								SMALL ENTITY OTHER THAN					
T	OTAL CLAIMS	3	28		(Column 2)			TYPE	FEE	OF		ENTITY	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI		_	RATE BASIC FE	FEE 710.00	
TOTAL CHARGEABLE CLAIMS			28 minus 20=		. 8			X\$ 9=		7	1,010	7.10.00	
IN	DEPENDENT O	LAIMS	4 minus 3 =					X40=	+ + 4	7	Y do	<del> </del>	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT						44	OF	X80=	-	
* If the difference in column 1 is less than zero, enter "0" in column 2							'	+135=		OF	·	<u> </u>	
CLAIMS AS AMENDED - PART II								TOTAL	46	∐ OF		<u></u>	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR		R THAN ENTITY	
AMENOMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIC PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
Š	Total	04	Minus	-2	8_	- /		X\$ 9=	1/	OR	X\$18=	,,,,,	
AM	Independent	NTATION OF M	Minus	J	4	- /		X40=	1	OR	///		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>!</b>	+135=	1		+270=		
0	anot filed bladey M.B.						L	TOTAL		JOR OR	TOTAL		
2	(Column 1) (Column 2) (Column 3)							ADDIT. FEI			ADDIT. FEE		
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAI FEE	]	RATE	ADDI- TIONAL FEE	
ENG	Total	. 22	Minus	2	8_	a ·		X\$ 9=		OR	X\$18=	725/	
AM	Independent FIRST PRESE	NTATION OF MIL	Minus	PENDENT	CLAIM	] <del>-</del>		X40=		OR	X80⇒		
							' [	+135=		OR	+270=		
4-27, 15 (Column 1) (Column 2) (Column 3)								TOTAL DDIT. FEE		OR	ADDIT. FEE		
O		CLAIMS REMAINING		HIGHE	ST		-	·	ADDI-	<b>7</b>	<u>'t.</u>	U	
AMENDMENT C	-	AFTER AMENDMENT		PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
END	Total Independent	24	Minus Minus	• 2	2	-		X\$ 9=		OR	X\$18=		
₹		NTATION OF MU		ENDENT	CLAIM	= / 1/		X40=		OR	X80=	/"	
								+135=		OR	+270=		
!	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								12	OR ,	TOTAL ADDIT, FEE	0	
T	he Highest Num	ber Previously Palo	For (Total or	Independen	1) is the	highest number	tound	in the ap	propriate bo	x in coli	umn 1,		
FORM PTO-975  Rev. 97701  Palent and Todowyd Cities at a Communication of the Communication o													